MY ASSISTANT:
Computer-Assisted Record-Keeping for the Case Manager[1]

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MY ASSISTANT is a computer-assisted record-keeping system designed for use by case managers serving persons with chronic mental illness. Designed as a personal productivity tool expressly for the clinician, MY ASSISTANT operates on a notebook computer that can easily be used in staff meetings, on field visits and in the car. The system manages most record-keeping tasks for the case manager and uses the information contained in the case records to assist in efficient management of the caseload.

MY ASSISTANT was developed using a design and development (D & D) procedure similar to the research and development (R & D) procedure used in industry. The initial design for the system was based on careful analysis of the real world needs of case managers and the technology available to address those needs. Case manager feedback was incorporated during each phase of system design and development to modify the system until it performed satisfactorily and was compatible with normal case management practice. MY ASSISTANT is programmed in Visual Basic and incorporates a standard Windows 'look and feel" and familiar visual metaphors such as file folders. The system can operate on low-end 386 computers running Windows.

MY ASSISTANT records (1) basic demographic information in a face sheet module, (2) structured information on client goals and treatment plans in the service plan module, and (3) information on current client functioning and services delivered in the contact note module. A search function is provided to help the case manager locate a record based on incomplete information. A tickler system reminds the case manager of tasks to do for specific clients. Routine reports are preprogrammed and incorporated as menu options.

The distinctive feature of MY ASSISTANT is the structured format for recording client-specific goals. Each client may have one or more goals, each of which describes a client outcome in observable terms. Goals are expressed in 2 to 10 levels of performance. A goal may have predefined behavioral anchors for each level. For example, the goal "Taking medication to manage symptoms" could be defined as: (1) not taking any medications, (2) taking medications only with close supervision, (3) taking medications with minimal supervision, (4) taking medications on own but somewhat sporadically, and (5) consistently taking medication completely as directed. Alternatively, a goal can be defined simply as a global 10-point rating scale. For example, 'Feeling suspicious" could be scaled from (1) not feeling at all suspicious to (10) feeling very suspicious all the time. Goals can be selected from a standard lookup library or may be written individually for a particular client.

When a goal is established in the service plan module, the client's current level of functioning is indicated along with the expected level of functioning and the expected date of attainment. In addition, the case manager may indicate what service is to be provided and the frequency of service for each goal. Then, when entering contact notes, MY ASSISTANT prompts the case manager to record the client's current level of functioning on each goal along with information about the services provided. Free-form narrative notes may also be entered in relation to each goal.

The structured information on client goals enables MY ASSISTANT to help the case manager track client progress and plan treatment. For example, the system can identify which clients are not making sufficient progress toward their goals, and which clients have already met their goals. Client functioning in relation to each goal can be displayed graphically so the case manager and client can visualize the client's progress. MY ASSISTANT also performs caseload management functions such as maintaining a to-do list of up-coming tasks for the case manager, compiling routine reports, and conducting ad hoc queries of the caseload.

Upon completion of development and field testing MY ASSISTANT will be evaluated for its impact on case management services. The system is expected to reduce time spent on paperwork, increase the accuracy, completeness and timeliness of reports, increase the goal-relatedness of services, and improve the efficiency of caseload management.